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T-451 P.002/002 F-139

## PART B - FEE(S) TRANSMITTAL

MAY 05 2005

Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents  
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Soel R. Meyer (Depositor's name)  
(Signature)  
May 5, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/585,726	05/31/2000	Geoffrey B. Rhoads	60208	4510

TITLE OF INVENTION: STEGANOGRAPHIC ENCODING AND DECODING OF AUXILIARY CODES IN MEDIA SIGNALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CALLAHAN, PAUL E	2137	380-205000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Digimarc Corporation Beaverton, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 603284 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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FACSIMILE TRANSMITTAL

DATE: May 5, 2005

TO: Mail Stop Issue Fee

FAX: 703-746-4000

FROM: Joel R. Meyer

PAGES: 2 (including this page)

RE: U.S. Patent Application No. 09/585,726

FILED: May 31, 2000

FOR: STEGANOGRAPHIC ENCODING AND  
DECODING OF AUXILIARY CODES IN  
MEDIA SIGNALS

ART UNIT: 2137

DOCKET NO.: 60208L

☒ Urgent ☐ For Review ☐ Please Reply

**FACSIMILE COVER LETTER**

Attached is an Issue Fee payment transmittal letter with deposit account authorization to deposit account number 50-3284 for the above referenced matter.

**CERTIFICATE OF FAXING**

I hereby certify that these papers are being facsimile transmitted to the US Patent Office, 703-746-4000 on May 5, 2005.

Joel R. Meyer, Reg. No. 37,677  
Attorney for Applicant

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